

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM
IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES-STATE ACCOUNTING
ENTERPRISE

VENDOR NAME (Business Name, Governmental Unit Name, or Individual

Name):_____

VENDOR IDENTIFICATION NUMBER (Federal ID Number or Social Security

Number):_____

DIRECT DEPOSIT INFORMATION:

Financial Institution Name _____

Address _____

ABA Routing Number (9 digits)_____

Account Number at Financial Institution _____

Checking Account _____ or Savings Account _____ (Mark One)

I hereby authorize the State of Iowa to initiate a deposit entry and to initiate if necessary any adjustments or debit entries for any deposit made in error to the Account Code specified above. **I understand that the State of Iowa can only deposit funds into one account in one financial institution, therefore all payments made by the State of Iowa will be deposited into the account named here.**

AUTHORIZED BY:

SIGNATURE_____

NAME_____

TITLE_____

TELEPHONE NUMBER_____

DATE_____

Mail or Fax Completed Form to:
Department of Administrative Services-State Accounting Enterprise
ATTN: Jim Reasoner
Hoover State Office Building, 3rd Floor
Des Moines, Iowa 50319
Telephone Number: (515) 281-3802
Fax Number: (515) 281-4264